

Dear Complainant:

Thank you for contacting the Suffolk County Human Rights Commission.

Please be advised that the Commission investigates complaints of discrimination in housing based on race, creed, color, sex, disability, religion, familial status, marital status, sexual orientation, age, gender, and/or national origin.

Please note that there are time limits to file official complaints of discrimination. Therefore, the Commission urges that you return the attached intake form immediately. Failure to provide all of the information requested will cause a delay in the process.

The Commission will contact you following receipt and evaluation of the form.

Very truly yours,

Paulette M. Bartunek  
Executive Director

Enclosure

**SUFFOLK COUNTY HUMAN RIGHTS COMMISSION**

**H. Lee Dennison Building  
100 Veterans Memorial Highway  
P.O. Box 6100  
Hauppauge, New York 11788-0099  
(631) 853-5480**

**PLEASE COMPLETE THIS INFORMATION BEFORE YOU COME TO THIS OFFICE.**

**SUPPLEMENTAL INFORMATION**

**(HOUSING DISCRIMINATION MATTER)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

May we call you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Please indicate your:

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status \_\_\_\_\_ Race: \_\_\_\_\_

National Origin: \_\_\_\_\_ Sex: \_\_\_\_\_

Religion: \_\_\_\_\_ Education/Highest Yr. Completed: \_\_\_\_\_

2. The correct legal name and address of the person or company you are complaining about:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

3. The name(s) and titles(s) of the person(s) in that company/organization who caused you the problem:

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4. What did the person or company do to you?

- ☐ Evicted
- ☐ Refused to Rent
- ☐ Refused to Show Premises
- ☐ Refused to Sell
- ☐ Refused to Finance
- ☐ Other: \_\_\_\_\_

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5. Did the person or company give a reason(s) for what they did to you? If so, what reason(s)?

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6. What do you think the real reason(s) were? Discrimination\* because of...

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Creed/Religious Belief                                  | <input type="checkbox"/> Opposed Discrimination | <input type="checkbox"/> Gender            |
| <input type="checkbox"/> National Origin/Ancestry                                | <input type="checkbox"/> Pregnancy              | <input type="checkbox"/> Age               |
| <input type="checkbox"/> Physical/Mental Condition<br>(either real or perceived) | <input type="checkbox"/> Sexual Harassment      | <input type="checkbox"/> Marital<br>Status |
| <input type="checkbox"/> Family status   | <input type="checkbox"/> Use of Service Animal  | <input type="checkbox"/> Race/Color        |
| <input type="checkbox"/> Sexual Orientation                                      | <input type="checkbox"/> Other (explain): _____ |  |

**\*Note: If you don't believe the reason was discrimination, please telephone our office and ask to speak to an investigator.**

7. Original (first) date of discrimination: \_\_\_\_\_

8. Most recent date of discrimination: \_\_\_\_\_

9. Site/County of alleged discrimination: \_\_\_\_\_

10. Have you filed a complaint with any other agency or court on this same matter? \_\_\_\_\_

If so, what agency or court? \_\_\_\_\_

11. a) Is the housing you are or were seeking an apartment, house, condo or co-op? (circle one)

If none of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

b) Who did the discriminating? (Check all that apply and give the name of each.)

\_\_\_ Landlord: \_\_\_\_\_ \_\_\_ Managing Agent: \_\_\_\_\_

\_\_\_ Owner: \_\_\_\_\_ \_\_\_ Rental Agent: \_\_\_\_\_

\_\_\_ Neighbors: \_\_\_\_\_ \_\_\_ Real Estate Agent: \_\_\_\_\_

\_\_\_ Co-op Board: \_\_\_\_\_ \_\_\_ Newspaper Ad: \_\_\_\_\_

\_\_\_ Bank/Mortgage Company: \_\_\_\_\_

Give the address and telephone number of all of the above who discriminated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c) What would have been the costs/expenses of this house or apartment?

\$ \_\_\_\_\_ Rent/Mortgage \$ \_\_\_\_\_ Purchase Price

\$ \_\_\_\_\_ Taxes \$ \_\_\_\_\_ Down Payment

\$ \_\_\_\_\_ Maintenance Fee \$ \_\_\_\_\_ Closing Costs

Other: \_\_\_\_\_

d) How much monthly gross (before taxes) income can you PROVE for all the members of your household who are or would be on the lease or deed? \$ \_\_\_\_\_

e) What other, and how much, money do you have for the rent or purchase of this housing?

\_\_\_\_\_

f) Name, age, and relationship to you of all persons who are or would have been in this household? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

g) Number of bedrooms in this house or apartment? \_\_\_\_\_

- h) On what date and where was the housing advertised? \_\_\_\_\_
- i) On what date were you shown the house, condo, co-op, etc.? \_\_\_\_\_
- j) On what date did you make an offer? \_\_\_\_\_
- k) What was the date of your deposit? \_\_\_\_\_
- l) On what date were you rejected? \_\_\_\_\_
- List all other significant dates and events \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

m) Is this housing still available? \_\_\_\_\_ If so, do you still want it? \_\_\_\_\_

12. If you have any witnesses, answer the following: (**Attach additional pages if necessary**)

#1 Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

What did #1 witness? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#2 Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Phone: \_\_\_\_\_

What did #2 witness? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. What papers, records and/or documents can we look at to prove your case? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Is there anything else we should know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. What have you lost because of what happened to you? (down payment, binder, etc.) How can your problem be solved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. What reasonable remedy are you looking for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Name address, and telephone number of someone who will always know how to reach you:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ Phone \_\_\_\_\_
18. How did you learn about the Suffolk County Human Rights Commission? \_\_\_\_\_  
\_\_\_\_\_

I understand that this intake form is not a formal complaint.

I request that the Suffolk County Human Rights Commission take whatever action they deem necessary in their investigation, and in so doing, I hereby give my authorization to release information contained in this form to any persons necessary. I also authorize the Commission to review my personnel records, medical records or other pertinent records, and receive copies therein, as well as to obtain any other information, which may be requested in the investigation of these allegations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date